

**CIVIL AIR PATROL
SENIOR PROGRAM DIRECTOR'S REPORT**

Submit this form immediately after completion of the school or course in accordance with reporting instructions in CAPR 50-17, *CAP Senior Member Training Program*. This form provides information for training record updates and for training awards and promotions. Forward this form through the wing commander for signature (see *NOTE 1*) or mail or fax the completed form directly to:

HQ CAP/ETS
105 South Hansell Street, Building 714
Maxwell AFB AL 36112-6332
Phone: 334-953-5798
Fax: 334-953-7771

Check the course that applies. HQ CAP/ETS will only credit students with the course(s) checked on this form.

| | |
|--|--------------------------------|
| <input type="checkbox"/> Orientation Course and Cadet Protection | <input type="checkbox"/> CLC |
| <input type="checkbox"/> Orientation Course Only | <input type="checkbox"/> RSC |
| <input type="checkbox"/> Cadet Protection Only | <input type="checkbox"/> NSC |
| <input type="checkbox"/> SLS | <input type="checkbox"/> Other |

Date(s) of training : _____

Wing: _____ Location: _____

PLEASE PRINT CLEARLY. SOCIAL SECURITY NUMBER AND MEMBER'S SIGNATURE ARE ESSENTIAL IN ORDER FOR HQ CAP/ETS TO ENSURE MEMBERS RECEIVE PROPER CREDIT FOR THE COURSE.

| | NAME | SOCIAL SECURITY NUMBER | WING UNIT NUMBER | SIGNATURE |
|----|-------|---------------------------|---------------------|-----------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |

DIRECTOR'S SIGNATURE _____

WING COMMANDER'S SIGNATURE _____

NOTE 1: Wing commander's (or designee's) signature is required for processing SLS and CLC completion and credit.

NOTE 2: For all courses, send a copy of the CAPF 11 to the wing/region senior program officer (if required by wing/region policy).

Local reproduction of this form is authorized.

NAME

SOCIAL SECURITY
NUMBER

WING
UNIT NUMBER

SIGNATURE